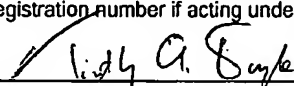


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <div style="text-align: center; font-size: 1.2em;">2222.7710001</div>	
Application Number 10/536,554		Filed January 9, 2006	
For Method and Arrangement to Detect and Measure the Phase of Periodic Bio-Signals			
Art Unit 3735		Examiner MALLARI, PATRICIA C	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u>1050</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Refund Ref: 08/07/2008 0030059553	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		<hr style="border-top: 1px dashed black;"/>	
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		Credit Card Refund Total: \$1050.00	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		An Exp.: XXXXXXXXXXXX1005	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0036</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,262</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<div style="text-align: center;">  _____ Signature </div>		<div style="text-align: center;"> <u>30 APR 08</u> _____ Date </div>	
<div style="text-align: center;"> Timothy A. Doyle _____ Typed or printed name </div>		Adjustment date: 08/07/2008 LDIEP1 05/01/2008 10:01:54 02 FC:1253 Telephone Number -1050.00	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 08/06/08		2 Serial/Patent # 10/536,554		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time 1253		04/30/08	\$ 1,050.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> <i>Credit Card</i> </div>			7 TOTAL AMOUNT OF REFUND	
			\$ 1,050.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	<div style="border: 1px solid black; display: inline-block; text-align: center;"> 9 -- </div>		
X	No Fee Due (Explanation):			
The extension of time period is over, no extension fee is due.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Irvin Dingle		TITLE: Paralegal		
SIGNATURE: <i>Irvin Dingle</i>		PHONE: 2-3210		
OFFICE: Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>[Signature]</i>		DATE: 8/06/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
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